

# Wisconsin Department of Safety and Professional Services

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## DEPARTMENT OF SAFETY & PROFESSIONAL SERVICES

### ACTIVE DUTY/DISCHARGE RENEWAL EXTENSION

This form applies to individuals and their spouses who are on Active Duty in the U.S. armed forces, a reserve unit of the U.S. armed forces or the national guard of any state at the time of license renewal.

This form also applies to individuals and their spouses who have been discharged within the last 180 days from the U.S. armed forces, a reserve unit of the U.S. armed forces or the national guard of any state.

PLEASE TYPE OR PRINT IN INK

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

License Holder Last Name	First Name	MI	Former / Maiden Name(s)
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### FOR WHICH CREDENTIAL ARE YOU REQUESTING A RENEWAL EXTENSION?

License #: \_\_\_\_\_ Profession/Credential Type: \_\_\_\_\_

What is your permanent state of residence? \_\_\_\_\_ In what state are you registered to vote? \_\_\_\_\_

### WHICH METHOD OF EXTENSION ARE YOU REQUESTING?

**ACTIVE DUTY at time of renewal** (Check one of the 2 boxes below and include **current military orders** for that person)

☐ I am/will be on Active Duty at the time this license expires and request that this license remain active for 180 days after the date of discharge.

☐ My Spouse is/will be on Active Duty at the time this license expires and I request that this license remain active for 180 days after the date of discharge. (Include a letter describing how the Active Duty prevents you from working at this time.)

Spouse's name: \_\_\_\_\_

**DISCHARGED from active duty in the last 180 days** (Please check one of the 2 boxes below and include **Form DD214** for that person)

☐ I was discharged from active duty in the last 180 days and request that this license remain active until the next renewal deadline.

☐ My Spouse was discharged from active duty in the last 180 days and I request that this license remain active until the next renewal deadline.

Spouse's name: \_\_\_\_\_

- You are not required to pay the renewal fee or meet renewal requirements until the next renewal deadline.
- Allow 30-60 days for this request to be reviewed and processed.

### (IF DISCHARGED) ARE YOU REQUESTING A WAIVER OR EXTENSION FOR YOUR CONTINUING EDUCATION (CE)?

☐ I am requesting a complete waiver of my CE requirement (Submit a letter describing the undue hardship that completing your CE would cause.)

☐ I am requesting an extension of time in order to complete my CE requirement (Submit a letter describing the undue hardship that completing your CE prior to renewal would cause.)

☐ I am not requesting a waiver or extension (Review and sign the CE question on the back of your renewal coupon. The renewal cannot be processed until either CE is complete or a CE waiver or extension is granted.)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_